## NOTICE OF FEE DUE

| DATE:  | 9-22  | -3                         |                 |               | ,                        |
|--|---|----------------------------|-----------------|---------------|--------------------------|
| TO:  |   |                            |                 |               |                          |
| FROM:  | Office of Initial Pate  | ent Examination            | on              |               |                          |
| SUBJECT:   | Fee Due   | 1066                       | 370             | 3 .           | ±1.0                     |
| Office for the   | for the attached docine following reason. In to charge a deposit appropriate fee. If an ciency. | Please check account. If a | the application | on for the ap | ppropriate<br>it, please |
| [ Insuffici  | ient fee by check   |                            |                 |               |                          |
| □ Insuffici  | ent funds in deposit  | account                    |                 |               |                          |
| □ Declined   | d credit card   |                            |                 |               |                          |
| (Non aut   | horization for charge   | to deposit acc             | count           |               |                          |
| □ No fee s   | ubmitted per requires   | nent 🖺                     |                 |               | ·                        |
| The correct  | fee code: 290   | 3                          | amount          | \$_/ <u>/</u> | 10                       |
|  | ded fee code: 197   |                            | amount          | - \$          | 1                        |
| Fee Due  |   |                            | amount          | =\$           | and the second           |
| If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642. |   |                            |                 |               |                          |
| Terminal Op  | perator '-  | V2 1                       |                 |               | 1                        |